

In re Application of: David M. Stern and Shi Du Yan

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Serial No.: 09/638,695

JUL 05 2002

Filed: August 14, 2000

TECH CENTER 1600/2900

For: TRANSGENIC MICE OVER-EXPRESSING AMYLOID-BETA ALCOHOL DEHYDROGENASE (ABAD)
IN BRAIN AS MODEL OF ALZHEIMER'S DISEASE AND USES THEREOF

Assistant Commissioner for Patents
Washington, D.C. 20231

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S I R:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

☐ No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE FEE | | | | |
|----------------------------------------------------------------------------------|-----------------------------------|---|---------------------------------------------|---|-------------------------------------------|---|------------------------------|-----------------|---|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 8 | - | * 20 | = | 0 | X | \$9 | \$18 | = | \$ 0 | |
| Indepen- dent Claims | 2 | - | ** 3 | = | 0 | X | \$42.00 | \$84.00 | = | 0 | |
| Multiple Dependent Claim(s) Presented _____ Yes <u>X</u> No For First Time | | | | | | | \$140 | \$280 | 0 | 0 | |
| | | | | | | | TOTAL ADDITIONAL FEE \$ 0 | | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

____ Please charge Deposit Account No. _____
in the amount of \$ ____.

X A check in the amount of \$ 460.00 is enclosed
For a three-month extension of time.

X The Commissioner is hereby authorized to charge
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X Any filing fees under 37 C.F.R. §1.16 for
the presentation of extra claims.

X Any patent application processing fees
under 37 C.F.R. §1.17.

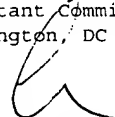
Respectfully submitted,



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